Section 3C - MEDICINE EXPERIENCES

12a. Now I'm going to ask you about some experiences that people have reported in connection with their use of the medicines or drugs that we just talked about. As I read each experience, please tell me if this has ever happened to you.

In your entire life, did you EVER ... *(PAUSE)*
(Repeat phrase frequently)

			b. Did this happen in the last 12 months?
(1)	**Have arguments with your spouse, boyfriend/girlfriend, family, or friends as a result of your medicine or drug use?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(2)	**Get into physical fights while under the influence of a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(3)	**Continue to use a medicine or drug even though you knew it was causing you trouble with your family or friends?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(4)	**Have job or school troubles as a result of your medicine or drug use - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(5)	**Have a period when your medicine or drug use or your being sick from your medicine or drug use often interfered with taking care of your home or family?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(6)	**Accidentally injure yourself while under the influence of a medicine or drug, for example, have a bad fall or cut yourself badly, get hurt in a traffic accident, or anything like that?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(7)	**More than once drive a car, motorcycle, truck, boat, or other vehicle when you were under the influence of a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(8)	**Find yourself under the influence of a medicine or drug or feeling its aftereffects in situations that increased your chances of getting hurt - like swimming, using machinery, or walking in a dangerous area or around heavy traffic?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(9)	**Get arrested, get held at a police station or have any other legal problems because of your medicine or drug use?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.15, page 45*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 22)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.15, page 45*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.15 Is at least 1 item marked for any drug category in 12 column e, page 44?	**13a.** You just mentioned (an/some) experience(s) you had with *(Name of drug category)* in the past, that is, before 12 months ago. About how old were you the FIRST time (ANY ONE of these/this) experience(s) began to happen with *(Name of drug category)*?	**b.** In your ENTIRE LIFE how many separate periods like this did you have when any of these experiences were happening with *(Name of drug category)*? By separate periods, I mean time that were separated by at least 1 year when you EITHER STOPPED using (*Name of drug category)* entirely *(PAUSE)* OR you didn't have any of the experiences you just mentioned with *(Name of drug category)*?	**CHECK ITEM 3.16** Is number in 13b, 2 or more or unknown?
1 ☐ Yes → 2 ☐ No - *SKIP to 14a, page 47* *Mark each corresponding category below and ask 13a-f for each marked category.*			
1 ☐ **Sedatives**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
2 ☐ **Tranquillizers**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
3 ☐ **Painkillers**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
4 ☐ **Stimulants**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
5 ☐ **Marijuana**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
6 ☐ **Cocaine or Crack**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
7 ☐ **Hallucinogens**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
8 ☐ **Inhalants/Solvents**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
9 ☐ **Heroin**	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*
10 ☐ **OTHER** - *Specify* ↓ _____	_____ Age	_____ Number	1 ☐ Yes → 2 ☐ No - *SKIP to 13e*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. What is the longest period you had like this?	**d.** About how old were you the MOST RECENT time this BEGAN to happen?	**e.** How long did this period last?	**CHECK ITEM 3.17** Is at least 1 item marked in 12, column C for this drug category?	**f.** About how old were you when you FINALLY STOPPED having ANY of these experiences you just mentioned with *(Name of drug category)*? **By finally stopped, I mean they never started happening again.**
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to next marked drug category* 2 ☐ No →	_____ Age - *SKIP to next marked drug category*
_____ Month(s) OR _____ Year(s)	____ Age - *SKIP to Check Item 3.17*	_____ Month(s) OR _____ Year(s) } *Go to Check Item 3.17*	1 ☐ Yes - *SKIP to 14a(1)* 2 ☐ No →	_____ Age - *SKIP to 14a(1)*

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. **Now I'm going to ask you about some OTHER experiences you may have had with medicines and drugs. In your ENTIRE LIFE, did you EVER . . .** *(PAUSE)*
(Repeat phrase frequently)

		a.	b. Did this happen in the last 12 months?
(1)	**More than once want to stop or cut down on using any of these medicines or drugs?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(2)	**More than once try to stop or cut down on using any of these medicines or drugs but found you couldn't do it?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(3)	**Often use a medicine or drug in larger amounts or for a much longer period than you meant to?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(4)	**Have a period when you spent a lot of time using a medicine or drug or getting over its bad aftereffects?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(5)	**Have a period when you spent a lot of time making sure you always had enough of a medicine or drug available?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(6)	**Have any of the following bad aftereffects when the effects of a medicine or drug were wearing off? This includes the morning after using it or in the first few days after stopping or cutting down on it? For example, did you EVER. . .**		
	(a) Sleep more than usual?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(b) Feel weak or tired (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(c) Feel depressed?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(d) Find yourself sweating or your heart beating fast (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(e) Have nausea, vomiting or a stomach ache?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
	(f) Yawn a lot (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

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Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 22)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 49*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. In your entire life, did you EVER ... *(Repeat phrase frequently)*		**b.** Did this happen in the last 12 months?
(g) **Have runny eyes or a runny nose?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(h) **Eat more than usual or gain weight (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(i) **Feel anxious or nervous?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(j) **Have muscle aches or cramps or diarrhea (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(k) **Have a fever?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(l) **Became so restless you fidgeted, paced or couldn't sit still (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(m) **Move or talk much more slowly than usual?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(n) **Find yourself sweating, your pupils dilating or your hair standing up (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(o) **Have unpleasant dreams that often seemed real?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(p) **See, feel or hear things that weren't really there (when the effects of a medicine or drug were wearing off)?**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 51*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 22)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 51*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. In your entire life, did you EVER ... *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(q) Find yourself shaking?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(r) Have trouble falling asleep or staying asleep (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(s) Have fits or seizures?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(t) Have very bad headaches (when the effects of a medicine or drug were wearing off)?	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.18*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
CHECK ITEM 3.18 Are at least 2 items marked "Yes" in column c, 6(a) - 6(t) for at least 1 medicine or drug?	1 ☐ Yes 2 ☐ No - *SKIP to Check Item 3.19*	
(u) You just mentioned that you experienced some bad physical aftereffects of *(Name of drug category)* **in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**		
CHECK ITEM 3.19 Are at least 2 items marked "Yes" in column e, 6(a) - 6(t) for at least 1 medicine or drug?	1 ☐ Yes 2 ☐ No - *Go to (7)*	
(v) You just mentioned that you experienced some bad physical aftereffects of *(Name of drug category)* **BEFORE 12 months ago. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?**		
(7) Take more of the same or a similar medicine or drug to get over or avoid any of these bad aftereffects?	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(8) Find that your usual amount of a medicine or drug had much less effect on you than it once did?	1 ☐ Yes → 2 ☐ No - *Go to next experience, page 53*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. **During the last 12 months, which medicines or drugs did this happen with?** *(SHOW FLASHCARD 22)*	**d.** **Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e.** **Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.18*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**		
		1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience page 53*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

14a. In your entire life, did you EVER ... *(Repeat phrase frequently)*		**b. Did this happen in the last 12 months?**
(9) **Find that you had to use much more of a medicine or drug than you once did to get the effect you wanted?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(10) **Give up or cut down on activities that were important to you in order to use a medicine or drug - like work, school, or associating with friends or relatives?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(11) **Give up or cut down on activities that you were interested in or that gave you pleasure in order to use a medicine or drug?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(12) **Continue to use a medicine or drug even though it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*
(13) **Continue to use a medicine or drug even though you knew it was causing you a health problem or making a health problem worse?**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.20, page 55*	1 ☐ Yes → 2 ☐ No - *Mark "Yes" in column d*

Section 3C - MEDICINE EXPERIENCES (Continued)

c. During the last 12 months, which medicines or drugs did this happen with? *(SHOW FLASHCARD 22)*	**d. Did this happen before 12 months ago, that is before last** *(Month one year ago)***?**	**e. Which medicines or drugs did this happen with before 12 months ago?** *(SHOW FLASHCARD 22)*
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to next experience*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**
1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**	1 ☐ Yes → 2 ☐ No - *Go to Check Item 3.20, page 55*	1 ☐ **SED** 2 ☐ **TRAN** 3 ☐ **PAIN** 4 ☐ **STIM** 5 ☐ **MAR** 6 ☐ **COC** 7 ☐ **HAL** 8 ☐ **SOLV** 9 ☐ **HER** 10 ☐ **OTH**

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.20 Are at least 3 Boxes marked in 14, column e, for any drug category, pages 48 - 54? 1 ☐ Yes 2 ☐ No - *SKIP to Section 3D, page* — *Mark each corresponding category below and ask 15 a-g for each marked category.*	**15a.** You just mentioned some other experiences you had with *(Name of drug category)* in the past, that is, before 12 months ago. Before last *(Month one year ago)* was there ever a period when SOME of these experiences with *(Name of drug category)* were happening around the same time most days for at least a month *(PAUSE)*, on and off for a few months or longer *(PAUSE)* or within the same 1-year period?	**b.** About how old were you the FIRST time SOME of these experiences with *(Name of drug category)* BEGAN to happen around the same time?	**c.** In your ENTIRE LIFE how many separate periods like this did you have when some of these experiences with *(Name of drug category)* were happening around the same time? By separate periods, I mean times separated by at least a year when you EITHER STOPPED using *(Name of drug category)* entirely *(PAUSE)* OR you didn't have any of the experiences you just mentioned with *(Name of drug category)*?
1 ☐ **Sedatives**	1 ☐ Yes → 2 ☐ No	_____ Age	_____ Number
2 ☐ **Tranquillizers**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
3 ☐ **Painkillers**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
4 ☐ **Stimulants**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
5 ☐ **Marijuana**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
6 ☐ **Cocaine or Crack**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
7 ☐ **Hallucinogens**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
8 ☐ **Inhalants/Solvents**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
9 ☐ **Heroin**	1 ☐ Yes → 2 ☐ No - *SKIP to next drug category*	_____ Age	_____ Number
10 ☐ **OTHER** - *Specify* _____	1 ☐ Yes → 2 ☐ No - *SKIP to Section 3D, page 57*	_____ Age	_____ Number

Section 3C - MEDICINE EXPERIENCES (Continued)

CHECK ITEM 3.21 **Is number in 15c, 2 or more or unknown?**	**d. In your ENTIRE LIFE what was the LONGEST period you had when SOME of these experiences with** *(Name of drug category)* **were happening around the same time?**	**e. About how old were you the MOST RECENT time when some of these experiences BEGAN to happen around the same time?**	**f. How long did this period last when some of these experiences with** *(Name of drug category)* **were happening around the same time?**	**CHECK ITEM 3.22** **Is at least 1 item marked in 14, column C OR 12, column C for this drug?**	**g. About how old were you when you FINALLY STOPPED having ANY of these problems with** *(Name of drug category)***? By finally stopped, I mean they never started happening again.**
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.222*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to next marked drug category 2 ☐ No →	______ Age - *SKIP to next drug category*
1 ☐ Yes → 2 ☐ No - *SKIP to 15f*	______ Month(s) OR ______ Year(s)	______ Age - *Go to Check Item 3.22*	______ Month(s) OR ______ Year(s) } *Go to Check Item 3.22*	1 ☐ Yes - Go to Section 3D, page 57 2 ☐ No →	______ Age - Go to Section 3D, page 57